Notification for Underground			
Storage Tanks			
Multiple Facility Amendment	STATE USE ONLY		
Virginia DEQ Water Form 7530-2 B (01/03)			
	ID Number		
DEQ – UST Program	Date Received		
Office of Spill Response and Remediation P.O. Box 1105	Date Entered		
Richmond, Virginia 23218	Entered By		
(804) 698-4010	Approved/Rejected By		
This form may be used to request simple amendments that apply to multiple facilities (that is, more than two facilities). For example, if the owner has converted to the same release detection method for all tanks at all facilities, the owner may use one Form 7530-2 B to request that the change be reflected for all active tanks at the facilities identified below. Similarly, if the owner of multiple facilities has had a name change, the owner may use one Form 7530-2 B to request that the owner's name change be reflected for all active tanks at all of the facilities identified below. <b>This form may not be used to reflect ownership transfers.</b> DEQ must approve requests for multiple facility amendments in order for requested amendments to become effective in DEQ's registration system.			
PART I: OWNERSHIP OF TANKS	PART II: CONTACT INFORMATION		
A. Current Owner Name	A. Name of Contact Person		
B. Current Owner Address	B. Title of Contact Person		
C. City, State, Zip	C. Phone Number		
PART III: AMENDME	NT REQUESTED		
In the space provided below, indicate the amendment the owner is requesting:			
☐ Change of owner name (write in new name in space below and attach proof of name change) ☐ Change of owner address (write in new address in space below)			
<ul> <li>Change of owner address (write in new address in space below)</li> <li>Change in release detection method for all active tanks at listed facilities (write in new method in space below)</li> </ul>			
Other (write in requested amendment in space below)			
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PART IV: OWNER CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.			
Name and Title Sig	nature Date		

PART V. FACILITY INFORMATION				
(Enter number of continuation pages attached:)  Facility Name and Address DEQ Facility Facility Name and Address DEQ Facility				
Facility Name and Address	DEQ Facility Identification Number (Required)	Facility Name and Address	DEQ Facility Identification Number (Required)	